


FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90029 016 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000031936**  
 Corporation Name  
**NAFTEX INTERNATIONAL, INC.**



Principal Place of Business 100 WEST MCNAB ROAD POMPANO BEACH FL 33069	Mailing Address 1000 WEST MCNAB ROAD POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/07/1998	
4. FEI Number 65-082-8699	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent <b>HIBERT, THOMAS J 1000 WEST MCNAB ROAD POMPANO BEACH FL 33069</b>		10. Name and Address of New Registered Agent	
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City
			FL B5 Zip Code

I, Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE D <input checked="" type="checkbox"/> DELETE WE CROCCO, ROBERT STREET ADDRESS 1000 WEST MCNAB ROAD CITY-ST-ZIP POMPANO BEACH FL 33069	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom HIBERT 1000 W MCNAB RD POMPANO BEACH, FL 33069	
LE D <input checked="" type="checkbox"/> DELETE WE GONZALEZ, IGNACIO STREET ADDRESS 1000 WEST MCNAB ROAD CITY-ST-ZIP POMPANO BEACH FL 33069	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE D <input type="checkbox"/> DELETE WE MIESES, JUAN STREET ADDRESS 1000 WEST MCNAB ROAD CITY-ST-ZIP POMPANO BEACH FL 33069	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE D <input checked="" type="checkbox"/> DELETE WE MARDIS, MICHAEL J STREET ADDRESS 1000 WEST MCNAB ROAD CITY-ST-ZIP POMPANO BEACH FL 33069	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE <input type="checkbox"/> DELETE WE STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE <input type="checkbox"/> DELETE WE STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)